

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO</b>		3. FEC Identification Number  <b>C</b> C90011172
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1625 L STREET NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2.	<b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Individual filers only</b> Name of Employer      Occupation	

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year-End Report
- ☐ 24-Hour Report
- ☒ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

10 / 11 / 2012  
THROUGH  
10 / 12 / 2012

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

207852.55

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

**SIGNATURE**

DATE \_\_\_\_\_

*[Electronically Filed]*

RODNEY MOSBY

RODNEY MOSBY

10/12/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee WATERFRONT STRATEGIES		Date MM / DD / YYYY 10 / 11 / 2012	
Mailing Address 1010 WISCONSIN AVENUE SUITE 800		Amount 200193.01	
City WASHINGTON	State DC	Zip Code 20007	Transaction ID : F57.000001
Purpose of Expenditure TV ADS - WAY OUT		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DANNY TARKANIAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 207852.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee MURPHY VOGEL ASKEW REILLY LLC		Date MM / DD / YYYY 10 / 11 / 2012	
Mailing Address 901 N. WASHINGTON STREET SUITE 400		Amount 7659.54	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : F57.000002
Purpose of Expenditure PRODUCTION COSTS - WAY OUT		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DANNY TARKANIAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 207852.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... 207852.55 <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... <b>(c) TOTAL</b> Independent Expenditures ..... 207852.55 (carry total from last page forward to Line 7)			